



February 2016

New Mexico Utilization Report

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In February of 2016, the New Mexico Crisis and Access Line (NMCAL) handled 2,654 calls. This includes 1,237 calls on the Statewide Crisis and Access Line, 81 New Mexico calls for the National Suicide Prevention Lifeline (NSPL), 649 calls for the Peer-to-Peer Warmline, and 687 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

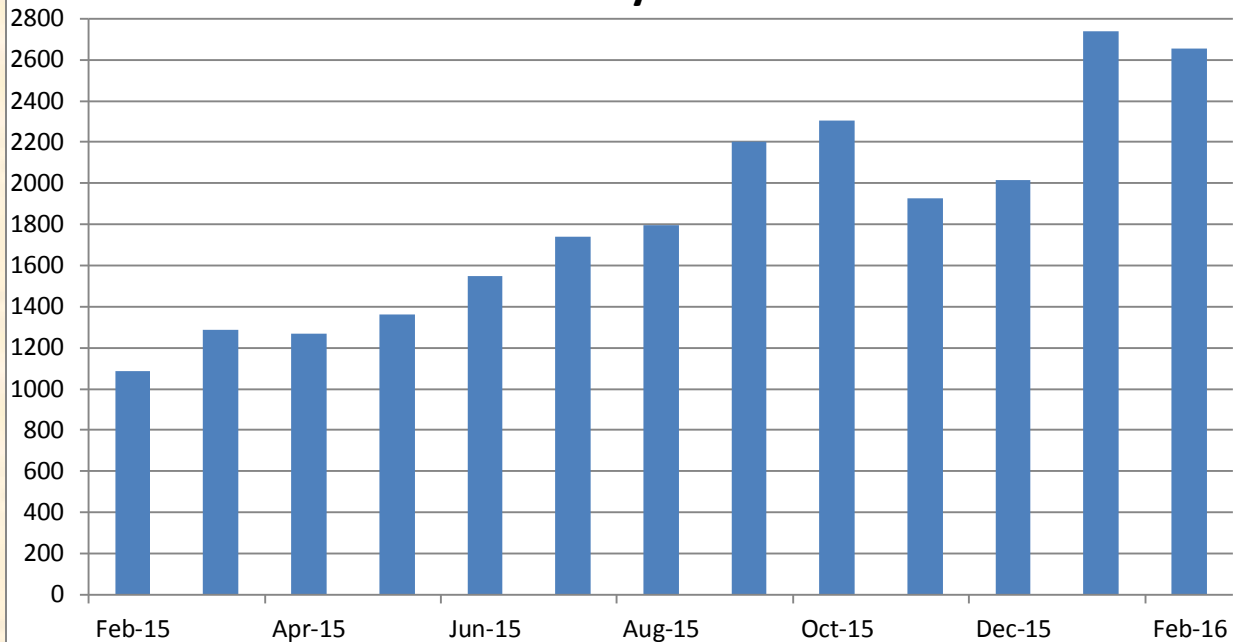
February 2016: Calls Answered by Type	
Statewide Crisis and Access Line + NSPL Calls	1318
Inbound Clinical Calls	1101
- Calling about Self	971
- Calling about a Child	32
- Calling about another Adult	98
Outbound Calls	92
Information/Referral Calls	45
Seeking information about NMCAL	22
Administrative	11
Other	47
Warmline Calls	649
Calls Answered For CSA Crisis Lines	687
TOTAL CALLS ANSWERED FOR NEW MEXICO	2654



February 2016: Crisis Line Call Data

Total Calls Handled	1318
Service Level (answered under 30 sec)	95.8%
Abandonment Rate	0.9%
Average Speed of Answer	10 sec
Average Call Length (all calls)	9.1 min
Average Call Length (Clinical calls)	14.3 min

Total Calls Handled by NMCAL in Past Year



Note: As of July 2015, totals include NMCAL CSAs. As of August 2015, totals include NMCAL Warmline

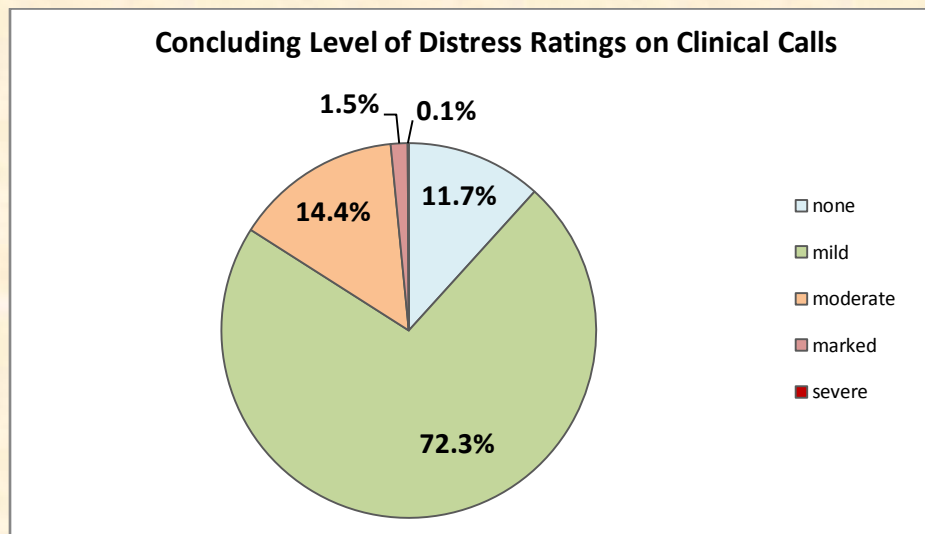
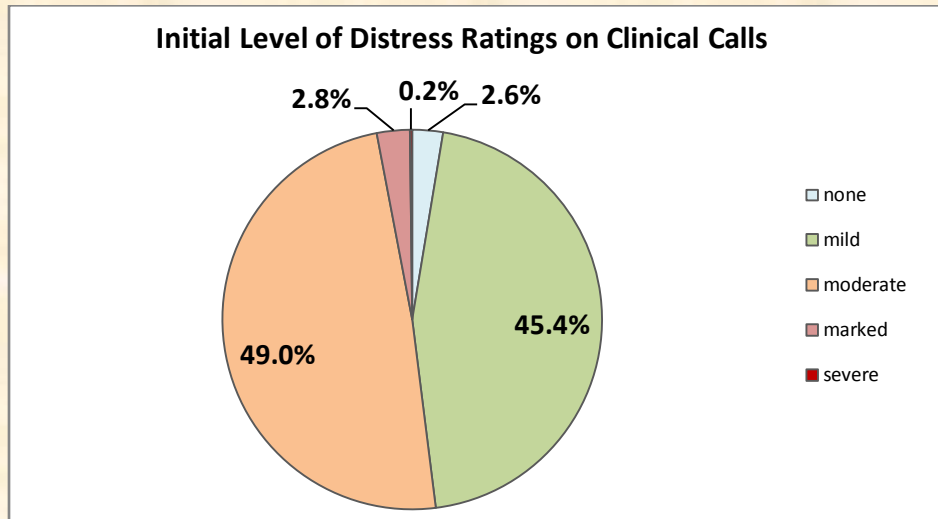


Callers are asked for their county of residence; these responses cannot be independently verified. This data is not necessarily predictive of an overall need for services in each county, as small numbers of callers contact NMCAL quite frequently.

County of Residence	Total Calls	County of Residence	Total Calls
Bernalillo	458	McKinley	6
Catron	1	Mora	0
Chaves	41	Otero	12
Cibola	3	Quay	0
Colfax	1	Rio Arriba	11
Curry	4	Roosevelt	2
De Baca	0	San Juan	12
Dona Ana	294	San Miguel	5
Eddy	6	Sandoval	33
Grant	10	Santa Fe	64
Guadalupe	0	Sierra	0
Harding	0	Socorro	5
Hidalgo	1	Taos	10
Lea	6	Torrance	12
Lincoln	27	Union	0
Los Alamos	4	Valencia	14
Luna	1	(outside NM)	6



NMCAL clinicians rate initial and concluding level of distress on every clinical call. Level of distress is based on both the caller's presentation or overt behavior, and on an assessment of their clinical situation. Even if a caller is not emotional or upset, their level of distress is rated higher if their clinical situation is acute.



Statewide Crisis and Access Line (including NSPL Calls)

Level of Care of Clinical Calls	
Routine	70.0%
Urgent	28.1%
Emergent	1.9%

Primary Presenting Problem in Calls	
Alcohol/Drugs	9.5%
Anger Management	3.6%
Anxiety	32.7%
Child	0.1%
Career Counseling	1.1%
Cognitive Concerns/Psychosis	2.6%
Danger to Others	0.4%
Depression	8.1%
Domestic Violence	0.4%
Family	5.0%
Grief/Loss	1.2%
Intentional Self Injury	0.5%
Medication	1.2%
Relationship/Marital	3.2%
Sexual Assault	0.2%
Situational Stress	8.8%
Suicide	10.5%
Workplace Issue	0.2%
Other	10.8%



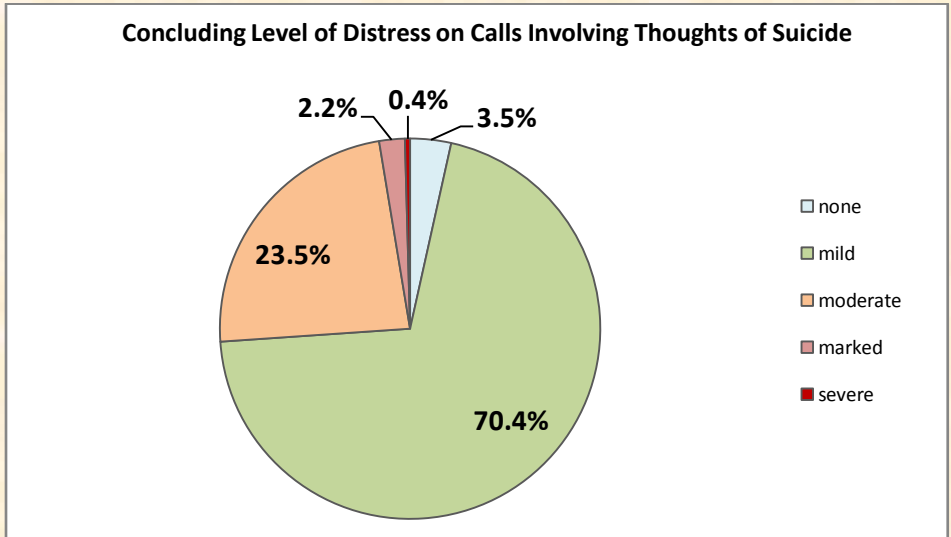
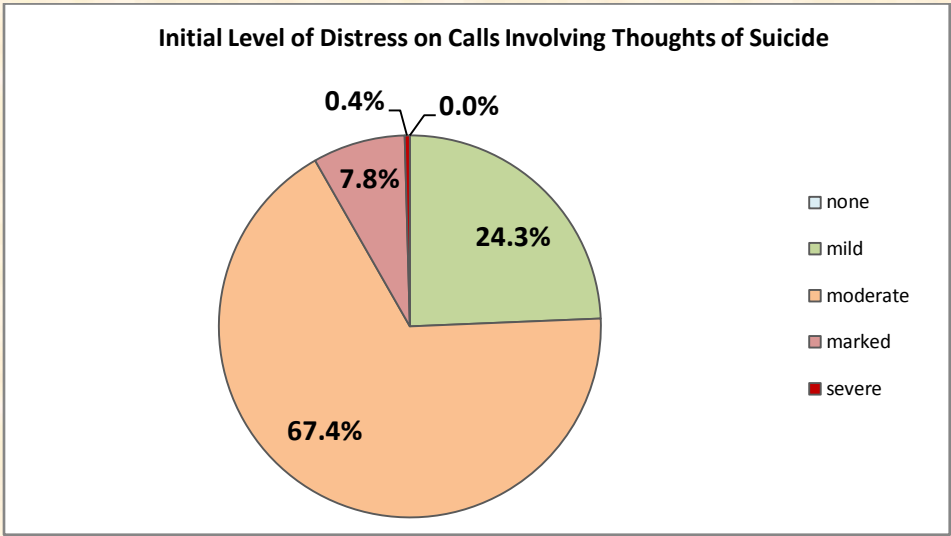
For every clinical call, we track whether the situation could be stabilized by the clinician, or if a more restrictive level of care was necessary. These are the clinical outcomes of the NMCAL calls for February.

Clinical Outcome For All Counseling Calls	
Caller stabilized by clinician, and referred to community resources if appropriate.	97.4%
Clinician made an abuse report.	0.4%
Caller will take the person of concern to the hospital.	0.5%
Caller agreed to go to the hospital.	0.1%
Caller agreed to call 911 regarding immediate danger to a third party.	0.4%
Caller conferenced to 911 due to immediate danger.	0.7%
Clinician contacted police with caller's consent.	0.0%
Clinician contacted police without caller's consent.	0.6%

While it was not always the presenting issue, concerns related to suicide were reported on 22.3% of clinical calls. Concerns related to drug or alcohol abuse were reported on 17.7% of clinical calls. In February, 230 NMCAL callers reported concerns about suicide – either for themselves, or for the person of concern. NMCAL clinicians work with our callers to try to deescalate the emergency and create safety plans. We only involve hospital or emergency services when there is no less intrusive way to keep our callers safe.

Clinical Outcome on Calls Involving Suicide	
Caller stabilized by clinician, and referred to community resources if appropriate.	93.0%
Caller will take the person of concern to the hospital.	1.7%
Caller agreed to go to the hospital.	0.4%
Caller agreed to call 911 regarding immediate danger to a third party.	0.4%
Caller conferenced to 911 due to immediate danger.	2.2%
Clinician contacted police with caller's consent.	0.0%
Clinician contacted police without caller's consent.	2.2%





Peer-to-Peer Warmline

In February 2016, the Peer-to-Peer Warmline handled 681 calls during its operating hours of 3:30pm to 11:30pm MT.

February 2016: Warmline Utilization	
Total Calls Handled	649
Average Call Length	15.9 min

Outcome For Warmline Calls	
Caller was supported by the call.	88.7%
Caller received referrals.	2.3%
Caller was transferred to NMCAL.	1.4%
Emergency call	0.0%
Other	7.6%

Our Warmline Peers work in conjunction with NMCAL Clinicians to ensure that our callers are receiving the most appropriate services. Therefore calls will sometimes be transferred to/from NMCAL.

Calls Transferred between Warmline and NMCAL	
Calls transferred from NMCAL to Warmline	13
Calls transferred from Warmline to NMCAL	9



Primary Presenting Problem in Warmline Calls	
Abuse/Neglect	0.2%
Administrative Call	0.3%
Employment/Education	5.0%
Family	6.9%
Finances	1.4%
Food/Nutrition	1.4%
Friends	2.4%
Healthcare	4.6%
Housing	2.9%
Legal	4.0%
Mental Health	43.0%
Relationships	21.8%
Spirituality	3.3%
Substance Use	2.9%

